PAGE 1 / 20

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Protecting Choice in C	California, a project of	Planned Parenthood A	Affiliates of California
ADDRESS (number and street)	555 Capitol Mall, Suite 1425	; 	
Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 – L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00556860		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report ((C) 12-Day PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Floatio	M M / D D	in the State of
Year-End Report (July 31 Mid-Year	YE) Liectio	WI OII	State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t Electio	on on	in the State of
5. Covering Period 1	1 29 2016	through 12	M / D D / Y Y Y Y Y Y 31 2016
I certify that I have examined t		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Sandoval, Ana, , , er		
Signature of Treasurer	doval, Ana, , ,	[Electronically Filed]	Date 01 / 27 / 2017
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

11 29 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121477.43 January 1, 2016 (b) Cash on Hand at 58530.68 Beginning of Reporting Period..... 0.00 148695.33 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 270172.76 58530.68 6(a) and 6(c) for Column B)..... 11968.46 223610.54 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 46562.22 46562.22 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 509.12 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

eport Covering the Period: From: 11	29 2016 To	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	77541.09
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	77541.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4	4 4
(such as PACs)	0.00	65154.24
(d) Total Contributions (add Lines		4 4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	142695.33
Transfers From Affiliated/Other		4 4
Party Committees	0.00	0.00
Tary Committees	4	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		75 1 75 1
(Dividends, Interest, etc.)	0.00	6000.00
Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
· ·	4 4	4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill Fullus (IIoIII Schedule 115)		4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	148695.33
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	148695.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaistina. 1941 to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures (c) Total Operating Expenditures	3352.69	128717.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	3352.69	128717.70
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	2676.03	54749.86
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4	
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	5939.74	40142.98
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11968.46	223610.54
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11069.46	200212
	11968.46	223610.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 0.00 142695.33 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 0.00 142695.33 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 3352.69 128717.70 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 3352.69 128717.70 (subtract Line 37 from Line 36)

SCHEDULE B (FEC Form 3X)				FOR LINE	LINE NUMBER: PAGE 6 OF 20			
	EMIZED DISBURSEMENTS		Llos concrete cohodulo(a)		(check only one)			
-			Summary Page	X 21b	22 23 26 27			
				28a	28b 28c 29 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
	Protecting Choice in California, a p	roject of	Planned Pa	arenthood .	Affiliates of California			
٨	Full Name (Last, First, Middle Initial)				Date of Dishuras mant			
Α.	Planned Parenthood Affiliates of C	alifornia			Date of Disbursement			
	Mailing Address 555 Capitol Mall, Suite 510				12 12 2016			
	-	State	Zip Code		FEC Identification Number			
	Sacramento Purpose of Disbursement	CA	95814		0			
	Staff Time - Non Federal Expense			001	C			
	Candidate Name				Transaction ID : EXPB899 Amount of Each Disbursement this Period			
				Category/ Type	Amount of Each Dispulsement this Feriod			
	Office Sought: House Disburser	ment For:			3.81			
	Senate	Primary	General					
	State: District:	Other (spec	ally) ▼		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	, , , , , , , , , , , , , , , , , , , ,	alifornia			Date of Disbursement			
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	Mailing Address 555 Capitol Mall, Suite 510	iling Address 555 Capitol Mall, Suite 510			12 12 2016			
	,	State	Zip Code		FEC Identification Number			
	Sacramento Purpose of Disbursement	CA	95814					
	Staff Time - Non Federal Expense			001	C Expression ID EXPRESS			
	Candidate Name			Category/	Transaction ID : EXPB900 Amount of Each Disbursement this Period			
				Туре				
	Office Sought: House Disburser		0.00000		318.30			
	Senate President	Primary Other (spec	General					
	State: District:	Other (opeo	,y)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	Planned Parenthood Affiliates of C	alifornia			Date of Disbursement			
	Mailing Address 555 Capitol Mall, Suite 510				12 12 2016			
	City	State	Zip Code					
	Sacramento	CA	95814		FEC Identification Number			
	Purpose of Disbursement Staff Time - Non Federal Expense			1				
	Candidate Name			001	Transaction ID : EXPB902			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		, ypc	2880.31			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Memo Item			
_	State: District:							
8	SUBTOTAL of Disbursements This Page (optional)			·····	3202.42			
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T	'OTAL This Period (last page this line number only)							

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			Summary Page	*	21b 28a	22 28b	23 28c	26 27 29 30b
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	for commercial purposes, other than using the name							
\setminus	NAME OF COMMITTEE (In Full)							
	Protecting Choice in California, a p	roject of	Planned Pa	arenth	ood .	Affiliate	s of C	alifornia
^	Full Name (Last, First, Middle Initial)					Doto	f Dioburo	omont
Α.	Planned Parenthood Affiliates of C	alifornia					f Disburs	
	Mailing Address 555 Capitol Mall, Suite 510					12	/ D	2016
	City	State	Zip Code			FFC Id	entificatio	n Number
	Sacramento	CA	95814					Transor
	Purpose of Disbursement Staff Time			001	П	C		
	Candidate Name			_				ID: EXPB894
				Catego Type		Amoun	t of Each	Disbursement this Period
	Office Sought: House Disburser	nent For:	I					100.27
	Senate	Primary	General				, , , , , , , , , , , , , , , , , , , ,	
	President	Other (spec	ify) ▼			Me	mo Item	
_	State: District:					_		
В.	Full Name (Last, First, Middle Initial)					Date o	f Disburs	ement
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	Mailing Address						J. L	_
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	Purpose of Disbursement					С		
	Candidate Name				الب	A		Dishama and this Davied
				Catego Type		Amoun	t of Each	Disbursement this Period
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	Senate	Primary	General				, , , , ,	,
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	21b 22 23 26 27 28a 28b 28c y 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	The state of the point of	
Protecting Choice in California, a p	project of Planned Par	renthood Affiliates of California
Full Name (Last, First, Middle Initial)		
A. Planned Parenthood Affiliates of C	alifornia	Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 510		12 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Otata Zin Cada	
City Sacramento	State Zip Code CA 95814	FEC Identification Number
Purpose of Disbursement	000.1	C
Non Monetary Contribution to Planned Parenthood	Northern California Action	012 Transaction ID : EXPB866
Candidate Name		Category/ Amount of Each Disbursement this Period
		Туре
	ment For:	449.18
Senate	Primary General	
State: District:	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
B. Planned Parenthood Affiliates of C	alifornia	Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510		12 12 2016
	ı	
,	State Zip Code CA 95814	FEC Identification Number
Sacramento Purpose of Disbursement	CA 95814	
In-kind Contribution - Non Federal Expense		O11 C
Candidate Name		Category/ Amount of Each Disbursement this Period
		Type
Office Sought: House Disburser	ment For:	1096.45
Senate	Primary General	
President	Other (specify)	Memo Item
State: District:		
Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of C	alifornia	Date of Disbursement
- I latilieu Fatetitiloou Allillates Of C	amunia	M M / D D / Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510		12 12 2016
City	Ctata Zin O - d -	
City Sacramento	State Zip Code CA 95814	FEC Identification Number
Purpose of Disbursement		C
Non Monetary cont. to Planned Parenthood Orange	e & San Bernardino	012 Transaction ID : EXPB878
Candidate Name	I	Category/ Amount of Each Disbursement this Period
		Type
	ment For:	463.96
Senate	Primary General	
President District:	Other (specify) ▼	Memo Item
State: District:		
SUBTOTAL of Disbursements This Page (optional)		2009.59
CODITION OF DISDUISEMENTS THIS Fage (optional)		
TOTAL This Period (last page this line number only)	1	

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 9 OF 20		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Orlean orlin)			
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NAME OF COMMITTEE (In Full)					
Protecting Choice in California, a p	project of Planned Pa	arenthood /	Affiliates of Californ	ia	
Full Name (Last, First, Middle Initial)					
A. Planned Parenthood Affiliates of C	Salifornia		Date of Disbursement		
Mailing Address 555 Capitol Mall, Suite 510			12 12	2016	
City	State Zip Code		FEC Identification Number	er	
Sacramento	CA 95814				
Purpose of Disbursement Non Monetary contribution to Planned Parenthood	Action Fund of the Pacific	012	C		
Southwest ID #C900011412 Candidate Name			Transaction ID : EX		
Canadato Name		Category/ Type	Amount of Each Disburs	ement this Period	
Office Sought: House Disburse	ment For:	71		558.18	
Senate	Primary General				
President	Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of C	California		Date of Disbursement		
5. Planned Parenthood Anniales of C	alliornia		M M / D D /	Y	
Mailing Address 555 Capitol Mall, Suite 510			12 12 2016		
•	State Zip Code		FEC Identification Number	er	
Sacramento Purpose of Disbursement	CA 95814		0		
In-kind Contribution - Non Federal Expense		011	C		
Candidate Name		Category/	Transaction ID : EXI Amount of Each Disburs		
		Type	7 6.1 246.1 21654.16		
	ment For:			260.28	
Senate President	Primary General				
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)					
C. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement		
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Mailing Address 555 Capitol Mall, Suite 510			12 12	2016	
City	State Zip Code		FFO Identification No. 1		
Sacramento	CA 95814		FEC Identification Number	2 1	
Purpose of Disbursement Non Monetary Contribution to Planned Parenthood	Pasadena and San	7			
Gahriel Valley	i adadena and dan	012	Transaction ID : EX		
Candidate Name Category			Amount of Each Disburs	ement this Period	
Office Sought: House Disburse	· · · · · · · · · · · · · · · · · · ·			146.29	
Senate	Primary General		4 4	1 40	
President	Other (specify) ▼		Memo Item		
State: District:			<u> </u>		
SUBTOTAL of Disbursements This Page (optional)			1 2 1 2	964.75	
TOTAL This Period (last page this line number only)				

17

SCHEDULE B (FEC Form 3X)	Hoe consents asked to	PAGE 10 OF 20			
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(orlook only orlo)		7 os	
	Detailed Summary Page		22 23 28c x	26 27 29 30b	
Any information copied from such Reports and Statem	lents may not be sold or				
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NAME OF COMMITTEE (In Full)					
Protecting Choice in California, a pr	roject of Planned	Parenthood	Affiliates of Calif	fornia	
Full Name (Last, First, Middle Initial)			Data of Diabourage		
A. Planned Parenthood Affiliates of Ca	alifornia		Date of Disburseme		
Mailing Address 555 Capitol Mall, Suite 510			12 12	2016	
,	State Zip Code		FEC Identification N	lumber	
	CA 95814				
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Cen	ntral Coast Action Fund,	012	C		
ID #CONNEZN1 Candidate Name	,		Transaction ID		
		Category/ Type	Amount of Each Dis	sbursement this Period	
Office Sought: House Disbursem	nent For:		11	156.11	
	Primary General	l	7 7 7		
	Other (specify) ▼		Memo Item		
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Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of Ca	alifornia		Date of Disburseme	ent	
5. Flatified Parefilliood Affiliates of Ca	allioitila		M M / D D	/	
Mailing Address 555 Capitol Mall, Suite 510			12 12 2016		
City	State Zip Code		FFC Identification N	lumbar	
	CA 95814		FEC Identification N	iumber	
Purpose of Disbursement Non Monetary contribution to We Vote - Nosotros Vo	otomas - PPAMM	040	C		
Committee ID #C00527226 Candidate Name		012	Transaction ID		
Canadate Name		Category/ Type	Amount of Each Dis	sbursement this Period	
Office Sought: House Disbursem	nent For:	.,,,,,		935.47	
Senate	Primary General		4	4	
	Other (specify)		Memo Item		
State: District:			Ц		
Full Name (Last, First, Middle Initial)	- lif i -		Data of Dishursama	unt	
C. Planned Parenthood Affiliates of Ca	aiitornia		Date of Disburseme		
Mailing Address 555 Capitol Mall, Suite 510			12 12	2016	
City	State Zip Code		EEC Identification N	lumbor	
Sacramento	CA 95814		FEC Identification N	iumbei	
Purpose of Disbursement Non Monetary contribution to Planned Parenthood A	Advocacy Project of Los	210	C		
Angeles County ID #C90006149 Candidate Name	taroodoy i rojoot or £03			: EXPB872	
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period	
Office Sought: House Disbursem	nent For:	Туре		572.08	
	Primary General	1		7 7	
President	Other (specify) ▼		Memo Item		
State: District:			L Monto Rom		
SUBTOTAL of Disbursements This Page (optional)				1663.66	
and the second s			7	4- 4-	
TOTAL This Period (last page this line number only).			1		

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 20			
ITEMIZED DISBURSEMENTS	I lloo concrete cohedule(e) I		(check only one) 21b 22 23 26 27			□ 06 □ 07
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Any information copied from such Reports and Statem	nents may no	ot be sold or us	ed by any p	erson for the	purpose (
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)		DI I D		1 A (C'1' - 1 -		. 116 1 .
Protecting Choice in California, a pr	roject of	Planned Pa	arentnoo	d Affiliate	s of Ca	alitornia
Full Name (Last, First, Middle Initial)						
A. Planned Parenthood Affiliates of Ca	alifornia			Date o	f Disburse	
Mailing Address 555 Capitol Mall, Suite 510				12	12	
City	Zip Code		FEC Id	entification	n Number	
Sacramento Purpose of Disbursement	Sacramento CA 95					
In-Kind Contribution - Non Federal Expense			011			ID EVERSO
Candidate Name			Category/			ID: EXPB901 Disbursement this Period
			Type			1301.74
Office Sought: House Disbursem	nent For: Primary	General				1301.74
	Other (speci			Me	mo Item	
State: District:				Livid	mo item	
Full Name (Last, First, Middle Initial) B.				Data	f Dialayyaa	
ь.				Date o	f Disburse	
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011						
City	State	Zip Code		FEC Id	entification	n Number
Purpose of Disbursement				С		
Candidate Name						
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period
Office Sought: House Disbursem	nent For:		Турс			
	Primary	General				7 4
President State: District:	Other (speci	fy)		Me	emo Item	
Full Name (Last, First, Middle Initial)						
C.				Date o	f Disburse	ement
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Purpose of Dishursement						
Purpose of Disbursement						
			Category/	Amoun	t of Each	Disbursement this Period
			Type			
Office Sought: House Disbursem	nent For: Primary	General			7	4 4
	Other (speci				emo Item	
State: District:	· ·			IVIE	mo item	
						1204.74
SUBTOTAL of Disbursements This Page (optional)			·····•			1301.74
TOTAL This Period (last page this line number only).						5939.74

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF 20
FOR LINE NUMBER:
(check only one) 9

x 10

Protecting Choice in California, a pr	roject of Pla	anned Parenthoo	d Affiliates of California			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California					
Mailing Address 555 Capitol Mall, Suite 510	Mailing Address 555 Capitol Mall, Suite 510					
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period 1.20 Amount Incurred This Period Payment This Period			Transaction ID : PAYD769			
Amount Incurred This Period 0.00	Fa	Outstanding Balance at Close of This Period 1.20				
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California					
Mailing Address 555 Capitol Mall, Suite 510						
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period 32.66						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	32.66			
C. Full Name (Last, First, Middle Initial) of Deb Planned Parenthood Affiliates		ia	Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates			
Mailing Address 555 Capitol Mall, Suite 510						
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period 42.80			Transaction ID : PAYD796			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00	7	0.00	42.80			
1) SUBTOTALS This Period This Page (optional).			76.66			
2) TOTALS This Period (last page this line number	er only)		·			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page c	only)	<u> </u>			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF 20

FOR LINE NUMBER:
(check only one) 9

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	ME OF COMMITTEE (In Full) rotecting Choice in California, a proj	ect of Pla	nned Parenthood	Affiliates of California
-	A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510	Nature of Debt (Purpose): Data for Voter Guide		
	City	State	Zip Code 95814	
	Sacramento	CA	Transporting ID. DAVDOOR	
	Outstanding Balance Beginning This Period 468.75			Transaction ID : PAYD833
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	-0.02		468.73	0.00
	B. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of (Nature of Debt (Purpose): Non Monetary Contribution to Planned Parenthood Northern California Action Fund, ID #C90014242		
	Mailing Address 555 Capitol Mall, Suite 510			— ID #090014242
	City Sacramento	State CA	Zip Code 95814	
	Outstanding Balance Beginning This Period 449.18 Amount Incurred This Period 0.00	Pay	ment This Period 449.18	Transaction ID : PAYD834 Outstanding Balance at Close of This Period 0.00
•	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510			Nature of Debt (Purpose): Non Monetary contribution to We Vote - Nosotros Votomas - PPAMM Committee, ID #C00527226
	City Sacramento	State CA	Zip Code 95814	
	Outstanding Balance Beginning This Period 935.47			Transaction ID : PAYD835
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	935.47	0.00
1)	SUBTOTALS This Period This Page (optional))	0.00
2)	TOTALS This Period (last page this line number of	only)	>	7 7 7 7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ıly) ▶	
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF 20

FOR LINE NUMBER: (check only one) 9

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NΙΔ	ME OF COMMITTEE (In Full)			10		
	rotecting Choice in California, a proje	ect of Plai	nned Parenthood A	Affiliates of California		
	A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): Non Monetary Donation to Planned				
	Planned Parenthood Affiliates of	Parenthood Central Coast Action Fund, ID #C90006701				
	Mailing Address 555 Capitol Mall, Suite 510	#690008701				
	011	100	7. 0. 1			
	City Sacramento	State CA	Zip Code 95814			
		OA	93014	Tanana d'an ID DAYDOO		
	Outstanding Balance Beginning This Period 156.11			Transaction ID : PAYD836		
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period		
	0.00		156.11	0.00		
	7		7	7 7		
	B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of Debt (Purpose):		
	Planned Parenthood Affiliates of 0	California		Non Monetary contribution to Planned Parenthood Advocacy Project of Los Angeles		
	Mailing Address			County ID #C90006149		
	Mailing Address 555 Capitol Mall, Suite 510					
	City	State	Zip Code			
	Sacramento	CA	95814			
	Outstanding Balance Beginning This Period			Transaction ID : PAYD837		
	572.08					
	7 7 7	_				
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period		
	0.00		572.08	0.00		
	C. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose):		
	Planned Parenthood Affiliates of	California	ì	Non Monetary Contribution to Planned Parenthood Pasadena and San Gabriel Valley		
	Mailing Address 555 Capitol Mall, Suite 510					
	City	State	Zip Code	_		
	Sacramento	CA	95814			
	Outstanding Balance Beginning This Period	+	•	Transaction ID : PAYD838		
				Transaction 12 TT 7T 2000		
	146.29	146.29				
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period		
	0.00	-	146.29	0.00		
1)	SUBTOTALS This Period This Page (optional)			0.00		
2)	TOTALS This Period (last page this line number o	nly)	>			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)			
	ADD (1) and (2) and court (second to second to	O	n. Dane (last come and N			
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y rage (last page only) ▶			

NAME OF COMMITTEE (In Full)

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 15 OF FOR L (check

INE NUMBER: only one)		9
	X	10

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Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary contribution to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest, ID #C900011412 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD839 Outstanding Balance Beginning This Period 558.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 558.18 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary cont. to Planned Parenthood Planned Parenthood Affiliates of California Orange & San Bernardino Counties Action Fund ID #C90012139 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD840 463.96 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 463.96 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time: 11/1 - 11/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD859 2205.89 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2205.89 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 16 OF FOR LINE NUMBER: (check only one) 9

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excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) Protecting Choice in California, a proj	ject of Plar	nned Parentho	od Affiliates o	f California
A. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):		
Planned Parenthood Affiliates of California				arious unitemized candidates
Mailing Address 555 Capitol Mall, Suite 510				
City Sacramento	State CA	Zip Code 95814		
Outstanding Balance Beginning This Period			Transacti	on ID : PAYD860
1.41				
Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		1.4	11	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Planned Parenthood Affiliates of	California		Staff Time	, , ,
Mailing Address 555 Capitol Mall, Suite 510				
City	State	Zip Code		
Sacramento	CA	95814		
Outstanding Balance Beginning This Period			Transac	tion ID : PAYD861
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00		100.2	27	0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California				ebt (Purpose):
Mailing Address 555 Capitol Mall, Suite 510				
City	State	Zip Code		
Sacramento	CA	95814		
Outstanding Balance Beginning This Period			Transact	tion ID : PAYD903
0.00				
Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period
070.40		0.0	1 0	272.46
272.46		0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	272.46
1) SUBTOTALS This Period This Page (optional)			>	272.46
2) TOTALS This Period (last page this line number of	2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				7
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary	y Page (last page on	ıly) ▶	7 1 7 1 7

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 17 OF FOR LINE NUMBER: (check only one) 9 **X** 10

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	ME OF COMMITTEE (In Full) rotecting Choice in California, a proje	ect of Pla	nned Parenthood	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California				Nature of Debt (Purpose): Travel Expenses	
	Mailing Address 555 Capitol Mall, Suite 510				
	City Sacramento	ramento State Zip Code CA 95814			
	Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD904	
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period	
	160.00	.	0.00	160.00	
	B. Full Name (Last, First, Middle Initial) of Debtor o	Nature of Debt (Purpose):			
	Mailing Address				
	City	State	Zip Code		
	Outstanding Balance Beginning This Period Amount Incurred This Period	Outstanding Balance at Close of This Period			
	C. Full Name (Last, First, Middle Initial) of Debtor (Mailing Address	Nature of Debt (Purpose):			
	City	State	Zip Code		
	Outstanding Balance Beginning This Period Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
1)	SUBTOTALS This Period This Page (optional)			160.00	
2)	TOTALS This Period (last page this line number o	nly)		509.12	
3)	TOTAL OUTSTANDING LOANS from Schedule C	0.00			
4)	ADD 2) and 3) and carry forward to appropriate lir	ne of Summar	y Page (last page only)	509.12	

Signature

TEMIZED INDEPENDENT EXPENDITURES				54.05 40 05 00	
TEMMELD MADE EMPERIT EX EMPIREMENT				PAGE 18 OF 20 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Protecting Choice in California, a proje	ect of Plann	ned Parenthood	t		
Affiliates of California				C C00556860	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y	
Full Name of Payee Planned Parenthood Affiliates of Californ	ia	☐ Memo	Item Date	of Public Distribution/Dissemination	
Mailing Address 555 Capitol Mall, Suite 510			Amou		
City	State	Zip Code	<u> —</u> Г	12.02	
Sacramento	CA	95814	I	saction ID : PDTE109	
Purpose of Expenditure				of Disbursement or Obligation	
Data for Voter Guide		Category/ Type 24E		12 / 12 / 2016	
Name of Federal Candidate:		X Support	Office Soug	ht: House District:	
Clinton, Hillary, , ,		Oppose	x Presid		
Calendar Year-To-Date Per Election for Office Sought		7358.36	Disbursement 2016		
	1		T	Other (specify)	
Full Name of Payee Planned Parenthood Affiliates of Calif	ornia	☐ Memo	itom _	of Public Distribution/Dissemination	
Mailing Address 555 Capitol Mall, Suite 510				10 00 2515	
ood dapitor maii, daiid d.id			Amou	int	
City	State	Zip Code		456.71	
Sacramento	CA	95814		saction ID : PDTE110 of Disbursement or Obligation	
Purpose of Expenditure Data - Various Unitemized Candidate;no candidate \$200	exceeds	Category/ Type 24E		12 / 12 / 2016	
Name of Federal Candidate:		x Support	Office Soug	ht: House District:	
candidates, Multiple, , ,		Oppose	Presid	lent Senate State:	
Calendar Year-To-Date			Disburseme	nt For: Primary Seneral	
Per Election for Office Sought	7 7	0.00	2016	Other (specify)	
(a) CUPTOTAL of the wire of head on an dead 5 m and it was					
(a) SUBTOTAL of Itemized Independent Expenditures					
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Sandoval, Ana, , ,	Electronically File	led] Date	e 01	27 2017	
0: .		_	, ,,		

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 20	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
, ,	ect of Planr	ned Parenthood	FEC II	DENTIFICATION NUMBER ▼	
Protecting Choice in California, a project of Planned Parenthood Affiliates of California C C00556860					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y	
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	☐ Memo	Date of Public	c Distribution/Dissemination	
Mailing Address 555 Capitol Mall, Suite 510			Amount	2010	
City	State	Zip Code		1.41	
		95814	Transaction		
Sacramento	CA	93014		rsement or Obligation	
Purpose of Expenditure Website; various unitemized candidates		Category/ Type 24E	12	12 / 2016	
Name of Federal Candidate:		X Support	Office Sought:	House District:	
candidates, Multiple, , ,		Oppose	President	Senate State:	
0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			Disbursement For:	Primary	
Calendar Year-To-Date Per Election for Office Sought	7	0.00	2016 Other (sp		
Full Name of Payee		☐ Memo	Item Date of Public	c Distribution/Dissemination	
Planned Parenthood Affiliates of Calif	fornia		M = M	/ D D / Y Y Y Y	
Mailing Address FFF Capital Mall Suita F10					
555 Capitol Mall, Suite 510			Amount		
City	State	Zip Code		1036.10	
Sacramento			Transaction	ID : PDTE111	
	CA	95814		rsement or Obligation	
Purpose of Expenditure Staff Time & Online Ads; 11/1 - 11/8		Category/ Type 24E	12	12 / 2016	
Name of Federal Candidate:		✗ Support	Office Sought:	House District:	
Clinton, Hillary, , ,		Oppose	Y President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7358.36	Disbursement For: 2016 Other (sp	Primary X General	
(a) SUBTOTAL of Itemized Independent Expenditures					
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Sandoval, Ana, , ,	Electronically Fil	[ed] Date	01 / D D D 27	2017	

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES			DAGE 20 OF 20
			PAGE 20 OF 20 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	ant of Diana		FEC IDENTIFICATION NUMBER ▼
Protecting Choice in California, a project of Planned Parenthood Affiliates of California C C00556860			
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	☐ Memo If	Date of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			Amount
City	State	Zip Code	1169.79
Sacramento	CA	95814	Transaction ID : PDTE112 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time; 11/1 - 11/8	1	Category/ Type 24E	12 / 12 / 2016
Name of Federal Candidate:		✗ Support	Office Sought: House District:
Masto, Catherine Cortez, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7	39403.66	Disbursement For: ☐ Primary X General 2016 ☐ Other (specify) ▶
Full Name of Payee		☐ Memo II	tem Date of Public Distribution/Dissemination
			M - M / D - D / Y - Y - Y
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
Turpose of Experiations		Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support Oppose	Office Sought: House District: President Senate State:
Outlands West To Date			Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	7		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	i		1169.79
(a) SUBTOTAL of Unitemized Independent Expenditu	res		·
(a) TOTAL Independent Expenditures			2676.03
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Sandoval, Ana, , ,	[Electronically Fil	led] Date	01 27 2017

Date